


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90027 024 \*\*\*\*61.25

<b>DOCUMENT # C10258</b> 1. Entity Name <b>ORANGE LODGE NO. 36 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>220 OCEAN ST JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>220 OCEAN ST JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>23-7160709</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD MANLEY, ROBERT M III 4402 PLYMOUTH SORRENTO ROAD APOPKA, FL 32712</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>WILLARD MASTER</del> (D) <input checked="" type="checkbox"/> Addition <b>Lafayette Willard Michael II 1610 Frances Dr Apopka, FL 32703-7824</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD TRAPP, RICKY D 580 N CENTRAL AVE APOPKA, FL 327123506</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SENIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert Arthur Peters 1026 Magnolia Blossom Ct Apopka, FL 32712-3338</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD JENKINS, WALTER T 1165 WOODLAKE TERRACE ALTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SENIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Stephan Warren Brick 468 Lake Bridge Ln #1732 Apopka, FL 32703-3403</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD MICHAELS, LAFAYETTE 453 E MAIN ST APOPKA, FL 32703</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SECRETARY</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Dr Robert Walker O'Neal 1044 Windyong Cir Apopka, FL 32703-8246</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JENNELLE, STEPHEN D CPA 453 E MAIN ST APOPKA, FL 32703</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: X</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Robert W. O'Neal, SECRETARY</b> <small>Date Daytime Phone #</small>		
Robert W. O'Neal			5-5-2007 407-886-3330		